RECEIVED

Docket Number (Optional)

e	TETITION FOR EXTENSION OF	I IIVIE UNDI	ER 3/ C	rk i i sola)	206	95 D-0 00100US—	
1		In re Applie	cation of	Mitterer, et al.			
		Application Number 09/367,459			Filed August 13, 1999		
		BY I	MEANS (FOR PURIFYING OF CATION EXCI GRAPHY	FACTO	OR VWF-COME	
ı		Group Art 1 1653	Unit	Examiner Robinson, Hope	A.		
	This is a request under the provision reply in the above identified applica The requested extension and appro (check time period desired): One month (37 CFR	tion. priate non-s					
١						\$	
ı	☐ Two months (37 CFF	, ,				\$410	
I	☐ Three months (37 CF		.,			\$	긁
ı	Four months (37 CFF					\$	유
١	☐ Five months (37 CFF			\$	$\overline{\Omega}$		
	Applicant claims small entity above is reduced by one-ha A check in the amount of th Payment by credit card. For The Commissioner has alrea application to a Deposit Acc The Commissioner is hereby or credit any overpayment, I have enclosed a duplicate I am the ☐ applicant/inventor. ☐ assignee of record of the Statement under 37 C ☐ attorney or agent under. Registration number if acti WARNING: Information on this foe included on this form. Provide	If, and the re e fee is encle m PTO-203 addy been au ount. y authorized to Deposit A copy of this e entire intercER 3.73(b) ord. 37 CFR 1.34 ng under 37 CF	esulting feosed. 8 is attact thorized to charge account N sheet. est. See is enclosed. R 1.34(a).	hed. to charge fees in e any fees which tumber 20-1430. 37 CFR 3.71 ed. (Form PTO/S	this may be	required,	TER 1600/2900
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July 16, 2003						Menzy	<u>ا ا</u>
١	Date				Sig	ınature	
ı	Scott L. Ausenhus, Reg. No. 42,271						
					Тур	ed or printed na	ame
	NOTE: Signatures of all the inventors or assignees orms if more than one signature is required, see be	of record of the	entire intere	est or their representat	ive(s) are	required. Submit r	nultiple
П	*Total of forms are submitted.						

Barden New Statement: This from its estimated to base 0.1 hours to complete. Then, still very deposition good ten made of the introduced case. Any commerties not the amount of timery our are required to complete this from should use not to the Chall therestand offices. U.S. 2013.

Office, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patterns, P.O. 36s 1450, Alexandria, V.A. 22313-1450.

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forms are submitted.

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